

CLAIMS ONLY						Application Number <i>09/963790</i>	Filing Date		
						Applicant(s)			
						* May be used for additional claims or amendments			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*	*	*
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep
1						51			
2						52			
3						53			
4						54			
5	1					55			
6						56			
7						57			
8						58			
9						59			
10						60			
11						61			
12	1					62			
13						63			
14						64			
15						65			
16						66			
17						67			
18						68			
19						69			
20						70			
21						71			
22						72			
23						73			
24						74			
25						75			
26						76			
27						77			
28						78			
29						79			
30						80			
31						81			
32						82			
33						83			
34	1					84			
35	1					85			
36						86			
37	1					87			
38		5				88			
39						89			
40						90			
41						91			
42						92			
43		2				93			
44		2				94			
45						95			
46	1					96			
47						97			
48	1					98			
49						99			
50						100			
Total Indep						Total Indep	11		
Total Depend						Total Depend	14		
Total Claims						Total Claims	25		